Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name							Telephone Number	Date of	ID#	
JAY-C #81						Est 812-923-9531 Own (615) 232-9507		Inspection		
Address 815 HIGHLANDER POINT DR., FLOYDS KNOBS IN 47								07/20/2021		
Owner						Purpose		Follow Up	Released	
KROGER BUSINESS LICENSE							X Routine	08/04/2021	07/30/2021	
Owner's Address							Follow-up		1	
P.O. BOX 305103 NASHVILLE, TN 37230-						4	Complaint			
Person in Charge TARA LEWELLEN							Pre-Operational	M. T		
Responsible Person's Email							Temporary	Menu Type		
KAYLA.DEARBORN@STORES.KROGER.COM							HACCP	1 _ 2 _ 3 _	4 <u>X</u> 5 _	
Certified Food Handler TARA LEWELLEN SCOTT GEHM							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	C	NC	R	Narrative				To Be C	Corrected	
136	Х			Observed emplo	oyee drink sitting on deli	slicer.		TODAY	,	
141	Х			_			21, 1 JUN 21, and 1 JUL	CORRE		
191	Х			Observed meat in deli display date marked 7/18 and 7/19; also observed TODAY						
415	maple turkey meat missing a daten X X Observed gnats in various parts of						nment: hakery produce and	8/3/21	8/3/21	
113	Λ.		^		back storage area.	uonsi	mient. bakery, produce, and	0/3/21		
218		Χ	X	Observed paint flaking in the seafood reach in cooler below the display 7/30/21 case. Observed ice buildup in reach in freezers containing ice cream and						
243	frozen vegetables. X Observed single use containers on the						tha hallway batwaan neady	CORDI	CTED	
243	 X Observed single use containers o and meat. 				use containers on the fic	001 111	me nanway between produc	CORRECTED		
257					ometer in reach in freeze	ch in freezer containing frozen fruit with blank			k 7/30/21	
324	X Observed ice buildup on pipes of					freeze	er in back storage area.	8/4/21	8/4/21	
430	X Observed rusted ceiling vent and du bakery.									
Summary of Violations C 4 NC 5 R 2										
Received by (name and title printed):							Inspected by (name and title printed):			
TARA LEWELLEN							Christa Manus EHS			
Received by (signature):						Inspected by (signature):				
							Chila Stra			
cc:					cc:			cc:		